



www.thepoochpatio.com

## SIGNATURE ON FILE & CREDIT CARD BILLING AUTHORIZATION

NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

CREDIT CARD TYPE: \_\_\_\_\_ (MASTER CARD / VISA / DISCOVER ) CVC: \_\_\_\_\_

NAME AS IT APPEARS ON CREDIT CARD: \_\_\_\_\_

(PLEASE PRINT)

**\* THE FOLLOWING MUST BE COMPLETED BY THE CARDHOLDER FOR THE CREDIT CARD INDICATED ABOVE AND SIGNED BY THE AUTHORIZED USER ONLY"**  
ONE FORM PER SIGNATURE

I, \_\_\_\_\_ AUTHORIZE THE POOCH PATIO, LLC TO PROCESS THE ABOVE CREDIT CARD AS "SIGNATURE ON FILE" FOR PET SERVICES, GOODS and TIPPING.

**Please list all persons authorized to charge goods, services and tips to this card:**

1.NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

2.NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

3.NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PLEASE INDICATE WHETHER CREDIT CARD ARE FOR **SINGLE**  OR **MULTIPLE USE**

CARDHOLDERS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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